Frequently Asked Questions: AFA 01-2014-JRI
Justice Reinvestment Act – Treatment Supervision Implementation

- Please clarify the AFA instructions: In Region 5, the word "Logan" appears under Phase 1 in the "service selection" table for "1 site OP/IOP" on page 15 of 44 of the Proposal Guidance and Instructions issued February 14, 2014. Does that mean there will only be funding for one OP/IOP location in Logan, for now? The table also says "Cabell/Logan" under "Region 5" and it is clear that Cabell County and Logan County are counties that qualify for Phase 1 funding.
    - In Region 5, Cabell and Logan counties were the selected counties but OP/IOP programming is targeted for development in Logan County.

- Please clarify the AFA instructions: Do the other services listed for Region 5 have specific county designations assigned (2 FTE Community Engagement Specialists and 1 FT Recovery Coach), or, are those positions also associated with the location of the OP/IOP program?
    - If there is not a specific county identified on the AFA then the service listed is open to the counties identified in the application and based on identified need.

- Is it an AFA requirement or a strong suggestion to also work with community corrections programs like Home Confinement, Adult Probation, Adult Parole and Work Release in addition to Day Report and Drug Court?
    - Yes, in order to provide a full continuum of services, partnership is recommended. Please see examples in section 2 and the list of required partnerships in section 2. More details on how to effectively partner for this service delivery will be provided at the Technical Assistance Meeting on February 28, 2014.

- Can an applicant submit a proposal for both Phase 1 and Phase 2 in one proposal, or, are separate proposals required? When, approximately, should Phase 2 programs begin?
    - Separate proposals must be submitted for each Phase. Phase 1 programs should begin within 60 days of receiving the award and Phase 2 programs should begin within 6 months of receiving the award.

- If a county is in the phase two component is there anything that can be done with this AFA? If so, what?
    - The AFA is intended for both Phase 1 and Phase 2 project development. Interested applicant organizations are able to submit a proposal(s) for both or either Phase depending on availability as outlined within the AFA document. Refer to Table 2 and 3 of the AFA 'Section Two: Service Description' for additional details.

- Is the Technical assistance meeting mandatory? Will the meeting be available via conferencing electronically? If not, where is it being hosted?
    - No, interested applicant organizations are strongly encouraged to attend the Technical Assistance (TA) Meeting however it is not mandatory. The **TA Meeting for this AFA will be held Friday, February 28, 2014 from 9:30 am to 4:00 pm at the Days Inn in Flatwoods, West Virginia** (2000 Sutton Lane, I-79, Exit 67). Tele-conferencing is not available as the structure of the meeting is not conducive to its availability/utilization.

- Can we serve individuals charged with a misdemeanor or domestic violence or must they all be felons?
    - Please refer to SB371 specifically for population requirements. Treatment supervision service provision was developed as an option in lieu of incarceration and is limited to felony drug offenders = High risk w/ tx need

- Can this be used for pre-trial and pre-Drug Court or only after they are convicted?
    - No, those eligible are post adjudication, who are referred by the circuit judge or by the parole board.

- It is assumed that the majority of the consumers will be Medicaid eligible. The Drug Court is seeing only 50% of the current consumers as Medicaid. If Medicaid revenue is not sufficient to cover expenses, do you stop the program? Will more funds be available? How will this be determined?
    - Outpatient and Intensive Outpatient (IS) services are reimbursable through WV Medicaid when provided by an eligible/enrolled and approved provider. The applicant organization is expected to provide mechanisms to support participants in pursuing health benefits when uninsured creating sustainability for the services rendered. Any funds requested beyond this mechanism must be fully justified within the confines of the proposal.

- We cannot find the Vermont model? Would you provide us a link?
    - The State Implementation Team will be working together to develop a dashboard for developing the legislative report.http://csgjusticecenter.org/corrections/projects/vermont-criminal-justice-corrections-board/

- Do we need to use a particular clinical assessment or is it our choice?
    - Each awarded applicant will be trained in the best clinical tools and evidence based practices as part of the required grantee training provided to better understand and assess the offender population.

- The AFA mentions medically assisted treatment for substance abuse. We have limited slots. Is this a requirement of the grant?
    - Interested applicant organizations must partner to provide for the types of services necessary to ensure successful outcomes for the target population; this includes medication assisted treatment.

- Will motivational interviewing training suffice for person centered training or will the state be providing a separate training for this?
    - Each awarded applicant will be trained in the best clinical tools and evidence based practices as part of the required grantee training provided to better understand and serve the offender population.

- If you serve 60 consumers 365 days a year with $300,000, that is only $13.70 per consumer per day for 60 consumers. This is not sufficient for any of the models that we have reviewed. Healing Place in Huntington has an approximate daily cost of $25 per day. Is it expected that the cost will be offset by donations and fundraising since Medicaid does not pay for residential services or will the funds increase as the number increases? Is there any flexibility in the number of beds? Smaller areas will have a difficult time raising funds for this.
    - The national model for this service supports the funding allocation. A key component of this model is, as referenced in the query, partnering with existing community stakeholder, resources, etc. to meet the needs of the program to include food, clothing, and other tangible commodities.

- Can start-up costs be used for renovation of a building? Refer to the AFA "Start Up Costs"
    - Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

      For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHHF will contact the applicant agency and arrange a meeting to discuss remedial action.

- Will there be additional money for home confinement workers? This will be an integral part of the system.
    - Within this Announcement of Funding Availability there is not funding available or dedicated to support the hire of Home Confinement Officer's/workers.

- Can a Recovery Residence in Ohio County include clients from Marshall and Hancock County and be eligible for this grant, or does funding require a separate physical location in these counties?
    - The primary targeted counties should receive preference in participation but anyone eligible
      for service provision could engage in services.

- There is confusion regarding whether or not separate proposals are required for an organization applying for services under both Phase I and Phase II – Can one application be submitted for both phases? Please clarify.
    - Per the original response to this inquiry (available within this FAQ), each Phase must have its own separate proposal. Applicants are encouraged to combine the services to be provided for a specific phase into a single proposal submission.

- Will late Letters of Intent (LOI) be accepted?
    - The Letter of Intent (LOI) can be submitted at any time, as it is not a mandatory document. The LOI deadline is a prompt for the applicant organization. If you plan to apply for grant funds a LOI may be submitted at your earliest convenience as a courtesy to the BBHHF.

- We are planning to submit one proposal for multiple services provided by multiple providers. Based on page 19, I assume this is a Multi-service/Joint Proposal. Will the grant be given to one grantee who sub-contracts with the other providers or will each provider receive a separate grant?
    - If the partnering agencies submit a single proposal there will be one awarded grantee. The awardee would then establish sub-grantee relationships with the other provider partners. However if each provider submits a proposal for their specific service, then each provider would receive a separate award.

- For the Outpatient and Intensive Outpatient or OP/IOP services under this AFA, would the services need to be provided at a location that is an OHFLAC behavioral health licensed site? Does the location have to be licensed in order to bill WV Medicaid?
    - Applicants must consult with the WV Office of Health Facility Licensure and Certification (OHFLAC) and/or WV Bureau for Medical Services (BMS) to ensure that services rendered adhere to the requirements/standards of those entities as applicable. Applicants are expected to pursue WV Medicaid reimbursement for any eligible service per the WV Medicaid Provider Manual.

- Please clarify the minimum qualifications for a Community Engagement Specialist (CES).
    - Per Appendix A of the AFA document, the staff credentials for a Community Engagement Specialist is a high school diploma or its recognized equivalent, as well as working toward the BBHHF Community Support Specialist Certification once available.

- What's the budget period for this project?
    - Applicants must submit a budget for 12 months/1 year. The projected grant period for these services is State Fiscal Year 2015 (July 1, 2014 – June 30, 2015).

- The frequently asked questions state that the fiscal year is the State Fiscal year of July-June. On page 2 of the AFA it states that the fiscal year is October 1 to September 30. Please clarify.
    - Grants are projected to begin on July 1, 2014 for the period of 1 year/12 months ending June 30, 2015.

- At the Governor's Substance Abuse Task Force meeting in Region 2 we were told that the Substance Use Peer (Recovery) Coach grant was available in our region (Region 2), but the funding announcement only states regions 3 and 4. Is this grant available for region 2?
    - There is funding available in Region 2 for a **Substance Use Peer (Recovery) Coach in AFA 01-2014-JRI: Treatment Supervision Regional Capacity Development**. Two (2) FTE positions are targeted for Morgan, Berkeley, Jefferson, and Mineral counties. Please review the specific AFA for more details.

- While best practices would indicate the use of at least some supportive counseling in an IOP, the AFA restricts outpatient/intensive outpatient services to "professional" individual and group counseling. Are we limited to professional services in our IOP, or are we permitted to include some supportive counseling as well?
    - Applicants must refer to the Bureau of Medical Services (BMS) for the definition and eligible services for Intensive Outpatient Services (IS); all awardees will register their IS with BMS for Medicaid reimbursement and must adhere to their service standards. The AFA is targeted for the development of Outpatient and Intensive Outpatient services. It does not limit the inclusion of other Medicaid reimbursable services, such as Behavioral Health Counseling, Supportive Individual/Group, as long as the service is provided according to Medicaid standard.

- The AFA states that the estimated cost for the Community Engagement specialist is $45,000 per position (see Table 1 on p. 12). Are these funds to be applied for salary and benefits? If not, just for salary/benefits, please give examples of other uses for these funds.
    - A portion of the total funding available is intended to support the Community Engagement Specialist (CES) by having support service funds available for use when emergent needs arise or are needed to support individuals with community integration. Funds may be used for emergent needs such as medication, housing (security deposits, rent, utilities, and temporary housing including hotel/motel rooms), food, clothing, personal care items (soap, shampoo, combs/brushes, etc.), transportation, and other essential commodities that individuals need to maintain their community stability. It is recommended that not less than $3,500.00 be allotted in support services funding per CES position budgeted.

- Would a Recovery Residence be able to establish rules and programming for its residents for things such as: mutual aid meeting attendance, recovery education/relapse prevention planning, group/individual treatment involvement, house rules, employment, (minimal) rent, and drug screening?
    - Please refer to Appendix B of the AFA for the Recovery Residence Standards for both Level II and III. All grantees will be required to comply with these Standards.

- What are the definitions of all levels of recovery residence care as set forth on the face page of the grant: Expanded Out-patient, Community Engagement, Recovery Residence 1-4, and Peer Recovery Coach

- Appendix A, B, and C of AFA 01-2014-JRI provide all service definitions for the project. Page 12 of the AFA provides the list of eligible services, while Pages 15 and 16 identify the eligible locations and type of service. Expanded outpatient/intensive outpatient and Community Engagement services are separate treatment services and are not to be provided by a Recovery Residence Level 2 or 3. Recovery Residence Levels I and 4 are not applicable to this AFA. An at-a-glance reference of all Recovery Residence Levels has been provided for clarification:

		WV Recovery Residence Levels of Support			
		Level I (Independent)	**Level II** (Monitored)	**Level III** (Supervised)	**Level IV** (Service Provider)
STANDARDS	**Residence**	• Less than 8 Resident capacity/beds • Single Family Residence	• 8-15 Resident capacity/beds • Single Family Residence • Apartment or other dwellings	• 60-100 Resident capacity/beds • Varies – All types of residential settings	• Resident capacity varies • Larger institutional facility • Transitional phase within care continuum of a treatment center
	Services	• Drug Screening • House Meetings • Mutual Aid Meetings Encouraged	• Drug Screening • House Meetings • Mutual Aid Meetings &/or Treatment Involvement • Structured House Rules • Peer Run Groups • Clinical services utilized within community	• Drug Screening • House Meetings • Mutual Aid Meetings &/or Treatment Involvement • Structured House Rules • Peer Run Groups • Life Skill Development Emphasis • Clinical services utilized within community	• Drug Screening • House Meetings • Mutual Aid Meetings Involvement • Structured House Rules • Life Skill Development • Peer –AND- Clinical services provided for Residents
	Staff	• No paid positions within the residence	• At least 1 compensated position • Certified Peer Recovery Coach encouraged	• Facility Manager • Credentialed Staff (Case Manager) • Certified Recovery Coach(s) • Certified Peers	• Facility Manager • Various Licensed and/or Credentialed Staff (Therapist, Case Manager, ADC, AADC, etc.) • Certified Recovery Coach(s) • Certified Peers
	Administration	• Democratically run by Residents • Manual or Policies &	• House Manager and/or Senior Resident (Certified Peer	• Organizational hierarchy • Administrative oversight for	• Overseen organizational hierarchy • Clinical &

		Procedures • Possible Overseeing Officer / Senior Resident	Recovery Coach) • Policies & Procedures	service providers • Policies & Procedures	Administrative Supervision • Policies & Procedures • OHFLAC License, as appropriate

- We are having a problem securing a facility for this project. The grant announcement states applicants could discuss this with the BBHHF prior to submitting the grant and they may have suggestions for us. Please provide guidance for this process.
    - Applicants are encouraged to submit proposals that describe their ideal project/service development, noting relevant barriers for such development and strategies for overcoming these barriers. It is understood that finalizing a site may not be feasible by the due date of the application. While preferred the Bureau understands that such endeavors are time intensive and therefore encourage development of the proposed project based on the vision of the effort. If the application is approved for award, then the Bureau is available to discuss options for project development with the grantee.

- As our agencies are working on this grant, we realize we are in need of start-up funding for a new vehicle, training, and purchase of a new facility. The announcement states that if start-up costs combine to exceed the level of the award, we will need to make remedial action. What is the allowed financial amount for this grant I with start-up costs included?
    - Per page 3 of the AFA: If, when taken together, the startup costs and program costs exceed funding availability BBHHF will contact the applicant agency and arrange a meeting to discuss remedial action. Maximum funding availability will be determined by the service and/or combination of services being proposed for award. Please refer to Page 12 for funding availability per service and Pages 15-16 for service eligibility per Region/county. It is recommended that start- up funding that is determined to be needed to launch the initiative be captured in a separate target fund budget accompanied by a written explanation of proposed costs.

- We are a 15 bed Transitional Home and have worked with men in recovery from alcohol and drug addictions (including felons) for over 40 years, would it be necessary to separate the felon population within the Home to qualify for this funding?
    - Award funds are available to expand the State's capacity in serving the target population, not supplement existing infrastructure. If an existing provider is interested in applying for funds an expansion of their infrastructure must be made to fulfill the intent of the AFA (i.e. bed capacity must be increased to serve the number of residents identified within the target population, see page 12 for bed capacity details). If proposing to serve both target population and non-target population residents, facility and programming accommodations must be made to serve the target population residents in an environment that is separate and distinct from the non-target population residents. Cohabitation and/or intermingling of services between the populations is not permitted.

- We have an open admittance policy which would include both felons and non-felons. "Open admittance policy" – all candidates are required to submit an assessment form which is followed by an interview and our evaluation. The candidate is either deemed acceptable or not and notified.

There is no preference with regard to race, age, religion or status as a felon. Would this work on concert with this program?

- The primary focus of this grant is to create access to services defined in the AFA for the target population. A condition of award is that referrals received for the target population will be accepted based on available capacity.

- Please inform us where to find the Statement of Assurance that is to be included with this grant proposal.
  - http://www.dhhr.wv.gov/bhhf/AFA/Documents/AFA%20Assurance%20Statement.pdf

- The AFA states the a signed Statement of Assurance must be included with the proposal. This document, however, is not listed on the checklist for proposal submission. Is the Statement of Assurance required? If so what exactly needs to be to be included in it?
  - The Statement of Assurance is required for inclusion with all proposal submissions. A link to the document is available on the 'Current Funding Announcement' page of the Bureau's website: http://www.dhhr.wv.gov/bhhf/AFA/Pages/default.aspx

- The AFA requires that specific MOU's must be submitted with each proposal. The checklist for proposal submission lists 'Attachment 1' as including Letters of Support. Can the MOU's be used as the letters of support in Attachment 1?
  - Both Letters of Support and/or Memorandums of Understanding (MOUs) can be submitted as Attachment 1.

- The AFA requires us to " provide a Gantt chart or graph depicting realistic timelines for the entire project period…". However, in the same paragraph it notes that "the timeline should be part of the project narrative. It should not be included as an attachment." How should the chart be included if not by attachment?
  - Due to formatting issues the Proposal Templates for AFA 01-2014-JRI will not allow charts/graphs to be pasted correctly into the fillable 'gray' boxes of the template for many applicants. The following are the guidelines for submitting charts/graphs that will not format properly within the Proposal Template:
    i. Submit the Project Narrative using the appropriate Proposal Template, excluding any charts/graphs with formatting issues
    ii. Create a separate word document or PDF titled 'Project Narrative Charts/Graphs 1 -…' to be submit as a separate attachment with your proposal materials; this document will count towards the page limits established for the project
    iii. Title each chart/graph within the document (Example: Figure 1.: Project Timeline, Figure 2. Prevalence data by County, etc.)
    iv. Reference the chart/graph within the body of your Project Narrative where/when appropriate (i.e. See Figure 1.: Project Timeline)
    v. Do not include charts/graphs that are not referenced in your proposal